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## FAX COVER PAGE

To: PETITIONS BRANCH

From: Karl M. Steins  
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Fax Number (619) 692-2003 / (714) 549-1197

Date/Time: 2/19/08 1730

Subject: 10 (785, 356)

PLEASE SEE ATTACHED:

- ☒ CERTIFICATE OF FACSIMILE (Rea. - PETITION FORM AND ISSUES FOR XMIT FORM)
- ☐ AMENDMENT/RESPONSE
- ☒ FEE PAYMENT \$ 3280
- ☒ OTHER: ISSUES FOR PAYMENT TRANSMITTAL
- ☒ OTHER: PETITION TO REVIVE UNINTENTIONAL
- ☐ OTHER: \_\_\_\_\_

5

Pages including this cover sheet.

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FEB 19 2008

PTO/SB/17 (10-07)

Approved for use through 08/30/2010, OMB 0851-0032  
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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).**FEE TRANSMITTAL**  
**For FY 2008**☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**3280.00****Complete If Known**

Application Number 10/785,358

Filing Date 2/24/2004

First Named Inventor Lars Karlsson

Examiner Name Fred H. Mull

Art Unit 3862

Attorney Docket No. ADV7-H64

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 501078 Deposit Account Name: Agilent Technologies, Inc

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

210

105

Multiple dependent claims

370

185

Total Claims Extra Claims Fee (\$)

Fee Paid (\$)

- 20 or HP =

x

=

HP = Highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

Fee Paid (\$)

- 3 or HP =

x

=

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

Fee Paid (\$)

- 100 =

/ 50 =

(round up to a whole number) x

=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

ISSUE FEE: 1440, PUB. FEE: 300, FWD: 1540

Fees Paid (\$)

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent) 40.166	Telephone 619-692-2004
Name (Print/Type) Karl M. Steins		Date 2/19/08	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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